

TFW

Attorney Docket No. 190.2D2  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Gibbs et al.

Serial No.: 10/761,886

Group No.: 1652

Filed: January 20, 2004

Examiner: Fronda, Christian L.

For: NOVEL POLYPEPTIDES AND COAGULATION THERAPY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is

☐ a small entity - verified statement:

☐ attached.

☐ already filed.

☒ other than a small entity.

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**CERTIFICATE OF MAILING (37 CFR 1.8 (a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sharon A. Lira

(Type or print name of person mailing paper)

Date: 17 MARCH 2005

(Signature of person mailing paper)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17 (a)-(d)) for the total number of months checked below:

|                          | <u>Extension<br/>(months)</u> | <u>Fee for other than<br/>small entity</u> | <u>Fee for<br/>small entity</u> |
|--------------------------|-------------------------------|--|---------------------------------|
| <input type="checkbox"/> | one month                     | \$110.00                                   | \$55.00                         |
| <input type="checkbox"/> | two months                    | \$430.00                                   | \$215.00                        |
| <input type="checkbox"/> | three months                  | \$980.00                                   | \$490.00                        |
| <input type="checkbox"/> | four months                   | \$1,530.00                                 | \$765.00                        |

Fee \$ 0

**If an additional extension of time is required please consider this a petition therefor.**

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

|  | (Col. 1)                                  |          | (Col. 2)                              | (Col. 3)         | SMALL ENTITY |               | OTHER THAN A<br>SMALL ENTITY |
|--|---|----------|---------------------------------------|------------------|--------------|---------------|------------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE | OR RATE<br>ADDIT.<br>FEE     |
| TOTAL *  | 6   | MINUS ** | 20                                    | = 0              | X =          | \$            | X= \$ 0                      |
| INDEP. *   | 1   | MINUS ** | 3                                     | = 0              | X =          | \$            | X= \$ 0                      |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |          |                                       |                  | =            | \$            | = \$ 0                       |

|                        |                                |
|------------------------|--------------------------------|
| TOTAL<br>ADDIT. FEE \$ | OR TOTAL<br>ADDIT.<br>FEE \$ 0 |
|------------------------|--------------------------------|

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ \_\_\_\_\_

☐ Charge Account No. 07-1250 the sum of \$ 0

A duplicate of this request is attached.

### FEE DEFICIENCY

6. Authorization to Charge Additional Fees

☒ The Commissioner is hereby authorized by this document to charge any additional fees which may be required by this paper and during the entire pendency of this application to Account No. 07-1250, except the issue fee at or before mailing of Notice of Allowance, pursuant to 37 CFR 1.311 (b).

Reg. No. 27, 043

Tel. No.: (650) 522-5546

  
 \_\_\_\_\_  
 SIGNATURE OF ATTORNEY

Max D. Hensley

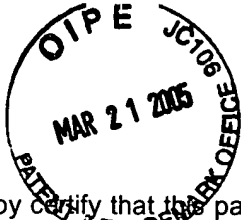
Type or print name of attorney

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P.O. Address

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| In re PATENT APPLICATION of   | ) | Group Art Unit: 1652           |
|                               | ) | Attorney Docket No. 190.2D2    |
| Gibbs et al.                  | ) | Examiner: Fronda, Christian L. |
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| Serial No: 10/761,886         | ) |                                |
|                               | ) |                                |
| Filed: January 20, 2004       | ) |                                |
|                               | ) |                                |
| Title: NOVEL POLYPEPTIDES AND | ) |                                |
| COAGULATION THERAPY           | ) |                                |

**PRELIMINARY AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the specification in the first line to read "This application is a divisional of application number 09/504,735..." rather than "This is a continuation of U.S.S.N. 09/504,735..."

Cancel in this application original claims 1, and 26-32. Claims remaining in this application are 33, 34, 35, 36, 37, and 38.